

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED  
OMB NO. 0938-0193

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER  01-13	2. STATE:  <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>July 1, 2001</b>	

## 5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  1902 (a)(10)(A)(ii)(XVIII) and 1920B of the Act.	7. FEDERAL BUDGET IMPACT a. FFY <u>2001</u> \$ <u>.425 million</u> b. FFY <u>2002</u> \$ <u>1.85 million</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A pages <del>22a</del> , 23b, 23c, 23d, 23e and 23f. <i>JR 3/3/01</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A pages 23b, 23c and 23d.

## 10. SUBJECT OF AMENDMENT:

Optional coverage for persons with breast or cervical cancer and renumbering of pages 23b, 23c and 23d of Attachment 2.2.-A.

11. GOVERNOR'S REVIEW (Check One)  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.
12. SIGNATURE OF AGENCY OFFICIAL: <i>Jackie Garner</i>	18. RETURN TO:  ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich
13. TYPED NAME: Jackie Garner	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: 5/23/01	

16. DATE RECEIVED: 5/23/01	17. DATE OF REVIEW: 6/1/2001
19. NAME OF REVIEWER: Cheryl A. Harris	20. TITLE OF REVIEWER: Associate Regional Administrator, Division of Medicaid and Children's Health

## ATTACHMENT 2.2-A

Page 23b

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
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(2) Optional Coverage Other Than the Medically Needy  
(Continued)

1902(a)(10)(A)  
(ii)(XIV) of  
the Act

20. Optional Targeted Low Income Children who:
- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
  - (ii) would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));
  - (iii) are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
  - (iv) have family income at or below:  
  
200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or  
  
A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- All children described above who are under age 19 (18, 19) with family income at or below 133 percent of the Federal poverty level.

TN No. 01-13  
Supersedes  
TN No. 98-19

Approval Date JUN 6 2001

Effective Date 07-01-01

## ATTACHMENT 2.2-A

Page 23c

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Coverage Other Than the Medically Needy  
(Continued)

— The following reasonable classifications of children described above who are under age      (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTIONS (S) OF THE REASONABLE CLASSIFICATION (S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH FOR EACH CLASSIFICATION.)

1902(e) (12)  
of the ActX

21.

a child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

TN No. 01-13  
Supersedes  
TN No. 98-19

Approval Date                     Effective Date 07-01-01

ATTACHMENT 2.2-A  
Page 23d

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

<u>Citation(s)</u>	<u>Groups Covered</u>
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B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902 of the Act	<u>X</u> 22. Children under age 19 who are determined by a "qualified entity" (as defined in §1902A(b) (3) (A) based on preliminary information to meet the highest applicable income criteria specified in this plan.
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The presumptive period begins on the date that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 01-13  
Supersedes  
TN No. 98-19Approval Date JUN 01 2001Effective Date 07-01-01

## ATTACHMENT 2.2-A

Page 23e

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

DEPARTMENT OF  
HUMAN SERVICES(B) Optional Coverage Other Than the Medically Needy  
(Continued)X 23. Women who:1902 (a) (10) (A)  
(ii) (XVIII) of the Act

- (a) have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;
- (b) are not otherwise covered under creditable coverage, as defined in section 2701<sup>6</sup> of the Public Health Service Act;
- (c) are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- (d) have not attained age 65.

1920B of the Act

24. Women who are determined by a "qualified entity" (as defined in 1902B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act, related to certain breast and cervical cancer patients.

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ATTACHMENT 2.2-A  
Page 23f

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

DEPARTMENT OF  
HUMAN SERVICES(B) Optional Coverage Other Than the Medically Needy  
(Continued)

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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Supersedes

TN No. -